

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

DOCUMENT # A97000001720



FILED

04 JUN -7 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062004 Chg-LP CR2E003 (10/03)

1. Entity Name
SIUYA LIMITED PARTNERSHIP

Principal Place of Business
1386 TANGIER WAY
SARASOTA, FL 34239

Mailing Address
1386 TANGIER WAY
SARASOTA, FL 34239

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0771632
Applies For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, HAMILTON C
1386 TANGIER WAY
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City State Zip Code
FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable.

9. Capital Contributions as Shown on record. \$1,650,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	JONES, HAMILTON C TRUSTEE	STREET ADDRESS	
NAME	1386 TANGIER WAY	CITY-STATE-ZIP	
STREET ADDRESS	SARASOTA, FL 34239		
CITY-STATE-ZIP		STREET ADDRESS	000037873710
DOCUMENT #	<i>Robert M. Stith</i>	CITY-STATE-ZIP	06/11/04--01029--033 **526.25
NAME	TRUSTEE	STREET ADDRESS	
STREET ADDRESS	300 SOUTH ORANGE AVENUE	CITY-STATE-ZIP	
CITY-STATE-ZIP	SARASOTA, FL 34230	STREET ADDRESS	
DOCUMENT #		CITY-STATE-ZIP	
NAME	<i>Stith</i>	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
CITY-STATE-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-STATE-ZIP	
NAME		STREET ADDRESS	
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DOCUMENT #		CITY-STATE-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
CITY-STATE-ZIP		STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/04

STAPLE CHECK HERE